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DECLARATION FOR		Attorney Docke		71480-0003									
UTILITY OR DESIGN		First Named Inv		Adriano Rosa									
PATENT APPLICATION		COMPLETE IF KNOWN											
		Application No.											
□ Declaration		Filing Date											
Declaration													
submitted with or	submitted after	Group Art Unit											
initial filing	initial filing	Examiner Name											
As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name.													
I believe I am the original, first and sole inventor (only if one name is listed below) or an original, firstand joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:													
	CORRECTING F	OOT ALIGNMENT	-										
	(Titi	le of the Invention,)										
the specification of which is attached hereto	(, , , , , , , , , , , , , , , , , , ,											
or was filed on Number:	, as United St and was amend	ates Application N ded on	lumber or Po	CT International Application pplicable).									
I hereby state that I have re-	riewed and understan	d the contents of t	he above ide	ntified specification, including									
the claims, as amended by a	ny amendment specifi	ically referred to al	oove.	•									
Lacknowledge the duty to di Federal Regulations § 1.56.	sclose information w	hich is material to	patentability	as defined in Tith 37, Code of									
I hereby claim foreign priori	ty benefits under Title	35, United States	Code §119 (a)(d) of any foreign									
application(s) for patent or in	nventor's certificate, o	or § 365(a) of any l	PCT internat	ional application which									
designated at least one country other than the United States of America, listed below and have also identified													
below, by checking the box,	any foreign application	on for patent or inv	entor's certi	ficate, or of any PCT									
international application hav				ich priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claim	Certified Copy Attached ed YES NO									
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☐ Additional foreign application nu	imbers are listed on a supple	emental priority data she	ct PTO/SB/02B	attached hereto:									
I hereby claim the benefit under Title													
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